

*A pilot survey of maternal practices, particularly methods of punishment, is reported and the findings are discussed. A subsidiary study of the ideas of physicians and nurses on maternal practices revealed that frequently they had little or no knowledge of what mothers actually did.*

## INFANT CARE AND PUNISHMENT: A PILOT STUDY

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### Purpose

**T**HIS pilot study was designed to meet three purposes:

1. To find out whether or not a short interview schedule, administered by a public health nurse, can be helpful in screening patients and in determining a particular patient's needs;
2. To gather information regarding mothers' attitudes toward certain aspects of child care, with special attention to ideas concerning discipline and physical punishment in young infants;
3. To obtain a preliminary impression concerning medical personnel's perceptions of maternal practices in these areas.

### Method

#### Procedure

A short interview schedule\* was designed on the basis of earlier experience.<sup>1-5</sup> The questions were derived from parents' own questions, mothers' own phrases in describing certain child-rearing practices, and mothers' ways of voicing concern as they were noted in unstructured interviews with doctors and nurses. They were then tested in the clinical situation. The general plan is to use simple questions which are nondirective and nonthreatening. An attempt is made to avoid judicatory

phrases or authoritarian approaches. When possible, mothers are asked concerning behavior, practices, or experiences rather than being queried directly about emotions or attitudes.

Clinical assessment of a question is based on the following considerations:

1. Is it understood?
2. Is it accepted?
3. Is it readily answered?
4. Does it enable a mother to express material or attitudes for which she might fear disapproval—such as negative feelings toward child, husband, or medical authority?
5. Is it validated by follow-up observations of mother and child in clinic or elsewhere?

In this particular pilot study, our usual type of question ("How often do you have to spank him?") was advisedly followed by a more general direct question ("What in your opinion is the best method . . . ?"). But, as will be mentioned, the answers to the general questions presented more of a problem to the mothers.

A public health nurse went to the waiting rooms of the Observation Clinic for Children, Childrens Hospital, and Los Angeles City Well Baby Clinics. She approached unselected mothers with children below the age of 18 months. She explained that a study was being conducted to get information that would

\* See Appendix 1

enable personnel to give better service to mothers and children, and proceeded to ask the questions on the form.<sup>6</sup>

The questions were received by the mothers with interest and often with appreciation. Only one of the 105 mothers interviewed objected. (Five were dropped from the sample because their children were over 18 months of age.) The interview lasted from five to ten minutes. It was the impression of the interviewers that all the questions relating to the mothers' practices were answered promptly and honestly, whereas the more theoretical ones concerning their ideas provoked puzzlement and led to less spontaneous answers. These, apparently, were sometimes designed to please the examiner or to be the "correct answers" rather than representing the parents' own ideas.

Also, a short interview schedule\* concerning the same subjects was administered to 42 doctors and nurses in the same clinics.

**Subjects in the Sample**—The breakdown of the sample is presented in Table 1.

In this pilot study no attempt was made to obtain demographic data on the mothers interviewed. We limited ourselves to a look at a sample of the clinic population with which we were dealing. Educational and socioeconomic levels roughly ranged from low to low middle. There were about one-third Negro, and the remainder were Mexican, Oriental, and white. In any more extensive investigation of this type, demographic data, especially concerning educational levels, should certainly be included.

## Results

**Sleep**—As part of our endeavors to explore the frustrating as well as the

positive aspect of parent-child interaction in early infancy, we inquired into babies' night waking. Most of the clinic staff members, as well as most of the respondents, had the impression babies can be expected to sleep through the night, usually early in the first year. However, the answers to our interview questions revealed that a great many babies wake up one or more times during the night well beyond the first few months of life.

Of the 26 mothers with infants from 1 to 3 months of age, 19 reported their babies woke up at least once every night. Twelve of these 19 parents said they had expected that by then their babies would be sleeping through. Of the mothers with infants from 4 to 6 months of age, 17 of 37 reported their babies woke up at least once every night. All except three of these mothers had expected their babies to sleep through by then. Even among the mothers with infants in the second half of the first year, 12 of 23 reported their babies woke up at least once every night, while almost all of these mothers had expected their babies to sleep through long before then.

In summary, the number of babies regularly awakening during the night approximates 50 per cent, even after the first three months of life and remains essentially the same for the remainder of the first year of life. Most mothers of children, waking up regularly at night, hoped or expected their

**Table 1—Age Distribution of Sample**

Age	Number of Babies
1- 3 months	26
4- 6 months	37
7- 9 months	14
10-12 months	9
12-18 months	14
	100

\* See Appendix 2.

babies to sleep through much earlier during the first year. In fact, at all ages, the number of mothers expecting their babies to sleep through was greater than the number of infants actually sleeping through.

The above findings from the pilot study were cross-validated with a more extensive sample from the Observation Clinic for Children (26 infants from 1 to 3 months; 37 infants from 4 to 6 months; and 23 infants from 7 to 12 months of age), with almost identical results obtained.

The contrast between the mothers' expectations and the actual developmental progress of the infants may lead to frustration on the part of the parents. Similarly, clinic staff cannot be optimally suggestive and helpful if they themselves do not anticipate night-waking at these ages.

Of 42 doctors and nurses working in the clinics where the mothers were interviewed, 28 expected babies to sleep through by 3 months and 10 more expected babies to sleep through by 4 to 6 months. This corresponds even less with the babies' actual behavior than do the mothers' expectations.

**Mothering Activities**—A number of questions in the interview were designed to explore positive, warm, mothering activities, such as holding the baby to feed him, holding him at other times, and describing the baby as "cuddly." On inspection of the results, no relationships were found between these activities and ideas concerning discipline. However, it was learned that only half of the 26 mothers in this sample with infants of three months of age or under held their babies for all feedings. The others propped bottles at least half the time and a few propped them at all times. Only one mother was breast-feeding. By the time the babies were six months old, about three-fourths of the mothers propped feeding bottles

most of the time. Almost all stated that they had other opportunities to hold their babies during the day, but often this was for specific routines in baby care, not primarily social. Responses on this item by the clinic staff showed that more than one-half of the doctors and nurses underestimated the amount of bottle-propping among the families. However, the nurses' estimates were much closer than the doctors' in this case.

**Temper**—In order to get at the use of disciplinary measures in an indirect manner, a later question in the interview concerned mothers' ideas as to the time when their babies had developed and shown what they interpreted as "temper." A high percentage thought they saw evidence of temper at a very early age. More than one-fourth stated that their babies had "a temper" by one month of age. According to their mothers, almost half of the infants started showing temper by three months of age. By six months of age, more than two-thirds were manifesting signs of "temper."

It is interesting that the doctors' concepts of development of temper did not essentially differ from those of the mothers: almost half of the doctors and nurses believed babies showed their temper before the age of three months,

**Table 2—Night Waking: Percentage of Infants Waking Regularly at Night in Relation to Mothers' and Staff's Expectations**

	1-3 Months	4-6 Months	7-12 Months
Infants awakening regularly	51%	43%	47%
Mothers expecting them to wake up	37%	25%	7%
Staff expecting them to wake up	70%	25%	5%

and almost two-thirds of the staff, just as the mothers, thought infants show their temper before the age of six months. Beyond eight months, all mothers except 12 reported their babies to have a temper. (The weight of clinical and research evidence does not support emergence of temper before the end of the first six months.)<sup>7-9</sup> Even though some of the mothers in our study appeared rather proud of their children's "precociousness" in revealing a strong temper early, still the inference was usually that the children were wilful or temperamental or were in some manner revealing anger, aggression, or other undesirable traits. Thus, our findings may relate to the prevalence of some manner of physical punishment in early infancy as reported in our sample.

**Punishment of Infants**—The main focus of our interview schedule was on the methods of punishment prevalent in the families constituting our sample, especially as they applied to the youngest infants. It became apparent that not only did a large percentage of the mothers state that the preferred method of punishment was spanking; they did indeed "spank" infants at very tender ages.

It must be clarified that, for the purpose of this pilot study, we defined "spanking" as *any kind of physical punishment*, provided that the mother responded affirmatively to the question, "How often do you have to spank him/her?" This held true, even if she modified her statement to say that she "whipped," "swatted," "slapped," and so on.

More than one-third of the mothers whose children were below one year of age had already meted out some kind of physical punishment. Among the mothers of babies from one to six months of age, one-fourth had started "spanking." However, in response to a later question, both groups of mothers

stated they thought it best not to start punishment until the child reached about one year of age. Of the mothers with babies in the second six months of life, almost half were "spanking," although they also stated that around one year of age was the best time to start punishing.

It was found that only six out of 42 staff members anticipated any spanking below the age of six months. This is clearly in contrast to the actual practices as reported. It has been suggested that, in general, boys might be spanked earlier or more frequently. However, in this pilot study, no significant relationship between the sex of the infants and the frequency of early spanking could be demonstrated.

A general question as to the preferred method of "making babies mind" revealed that "spanking" ranked first and "talking to" (reasoning with, repeating "no," and so on) ranked second in the mothers' considered opinions. However, it is of interest that out of 38 mothers who were spanking their infants at the time of the survey, 25 did not consider spanking the preferred method of punishment.

There were proportionately fewer mothers of one-year-old infants than mothers of younger ones who advocated "talking to" as a disciplinary measure. A few mentioned isolation, deprivation, guidance, and distraction. Several said, "I don't know." One mother of a 13-month-old who advocated explaining (but who had already started to spank) also recommended "using the belt at five years."

An almost consistent discrepancy was found between the age when mothers admitted starting to spank and the age they thought appropriate to spank. Almost all the mothers, who were spanking at the time of the interview, had started to spank before the age when they thought "the babies are ready to be punished to make them mind." There

are several possible explanations for this discrepancy:

1. The mothers may not consider the way they hit their infant as true "spanking."

2. The mothers may give a quick, honest answer descriptive of their actual practices when asked, "How often do you have to spank?" and may produce what they believe to be the "correct" answer in response to the more general question.

3. There may truly be a discrepancy between what they believe to be the right thing and what they actually do with their babies. In the latter case, there would certainly be a measure of conflict and self-blame on the part of the mother who thinks she should not spank until the child reaches one or two years, and who finds herself hitting her baby before the age of six months.

Probably all three of the suggested explanations play a part in what appears to be an inconsistency between stated principle and practice on the part of the mothers. Some interesting information was revealed by the mothers who were "early spankers" (spanking at one to six months). A few mentioned that punishing should begin "when the child understands." That the ages when they thought their babies understood varied from six weeks to "before one year" may reflect the misconceptions which these mothers had about their children's mental development.

**Husband-Wife Relationship** — The question "What things is your husband able to do for him/her?" was planned to reveal not only the actual participation of the husband in the care of the baby, but also to give an idea of how supportive the mother perceives her spouse to be. We have found previously that a great deal can be learned regarding marital harmony, discord, or discontent through this innocent-appearing query. Often the mother expresses a feeling of isolation and of being "trapped" with the baby, or resentment of her husband and his lack of sympathy for her plight. When asked more directly concerning feelings about their husbands, most wives loyally assert only

the positive side of the picture. When approached in a less direct manner, they feel freer to express themselves, especially in respect to the husband's function as a father—which is, after all, our primary concern.

This question was asked of the mothers who spanked early, since we were curious about whether these young mothers might feel especially frustrated and anxious because of a lack of support from their husbands. However, most of their husbands did give help by feeding, changing, bathing, and minding the baby—if anything, more so than in some of our other groups. It has been suggested that, in certain instances, participation of the husband in infant care might make the mother feel less adequate, lead to earlier loss of patience, with more tendency to application of early disciplinary measures.

**Maternal Frustration**—We attempted to relate the mothers' answers to the question "What do you do when things get too much for you?" to other items on the interview schedule, on the assumption that a mother who feels overwhelmed is more apt to "haul off and swat" her child. However, no relationships were found. This was not too surprising to the staff who did the interviewing, because it was often the impression that the mothers who needed to assert that things "never get too much" were the ones whose emotional balance seemed precarious. Being able to admit that things were "too much" and doing something about it appeared to be helpful pressure valves. When asked this question, the majority of the early-spanking mothers admitted readily that they looked for some means of getting away. A few expressed stoicism in some manner, but only four said the situation had not yet become "too much." This did not distinguish these "early-spanking" mothers from the rest of the sample.

**Case Illustrations** — For illustration

we are including the profiles of three different types of situations, as revealed by the interview schedule. As suggested earlier, it is hoped that by administering a short structured interview schedule of this type, a public health nurse or other clinic worker might be aided in screening cases or in identifying specific patient needs.

The first is an example of a family readily spotted as one with a disturbed mother-child relationship and stressful family situation in general, in much need of professional help. The child is 22 months old (not tabulated in our sample because of age), the youngest in a family of four children. These were the answers given by the mother:

Breast or bottle fed? "Was on bottle—now off bottle and potty-trained."

Held for feeding? "Never held her for bottles—always propped."

Hold other times? "Yes, hold to play with—when I feel like it."

Cuddly child? "Yes."

Wakes up at night? "Yes, 3 times."

What mother does about it? "Take to bathroom."

Cry in daytime? "Doesn't cry—whines."

Can let cry? "Don't let her cry—gets on my nerves."

Temper yet? "Has had one since birth."

What she does about temper? "Spank, but it doesn't help."

How often? "As often as she needs it."

How hard? "Keep spanking, but it doesn't work."

Who does most of the spankings? "Mother—all day long."

Start at what age? "They know at birth."

With older child started spanking at two years. "That's too late. With last child—started at five months."

Best way to punish? "Restrict privileges."

Help with care of children? "No one there to help."

Does husband help? "Not at all—he has no patience."

When things get too much? "Yell at husband." She's "on the job 24-hours a day; husband gets out," but she does not. "Won't trust anyone else with children—they might not feed them properly."

The second case, contrariwise, is in-

cluded to illustrate responses indicative of a well-balanced mother-infant relationship. We feel that a public health nurse, for example, might review the following answers, and decide on the basis of them that this family would need less counseling and nursing time devoted to discussion of child-rearing practices than many others. This is on an eight-month-old baby, with one sibling.

Mother held baby "for all bottles."

Mother able to hold other times? "Yes, no special time."

Cuddly child? "Yes."

Wakes up at night? "No, baby sleeps through all night."

Daytime crying? "Not much."

Can let cry? "About ten minutes, then pick him up."

Show of temper? "No, not yet."

Spanking? "Never" spans.

Start punishing at what age? "Don't know, really. When you can reason with them."

Best method of making them mind? "Reason with . . . I don't believe in spanking."

Outside help with care of children? "Yes, at times."

What things husband does? "Feeds, changes, and plays with" the baby.

When things get too much for her? "Take aspirin, or let husband take over."

The third case profile suggests a mother who may have the potential for a warm relationship with her baby, but who, at six weeks post-partum, feels isolated, unable to get away, and ignorant concerning the rearing of her child. One could assume that this might be the strategic moment for a health worker to become aware of her needs and initiate support and health education. This baby is six weeks old, has one sibling.

Mother holds baby "for all her bottles."

Mother holds baby "other times, no special time."

Cuddly child? "Yes."

Baby "sleeps through" the night.

Daytime crying? "No, not much."

Baby started showing temper "one week ago."

Mother "ignores it."

Spanking? "Not real often, it doesn't work."  
Start punishing at what age? "Don't know."  
Best way to make them mind? "Don't know."  
Isolate? Spank?"

Mother gets "no help" with care of baby.

Help from husband? "Not too much . . .  
plays with baby . . . does laundry."

When things get too much for her she "sits  
down and relaxes." She is "able to get out very  
little."

**Preliminary Survey of Doctors and Nurses**—In a subsidiary survey exploring the ideas of doctors and nurses (in the same clinics as the mothers in the sample), concerning infant care and methods of punishment, the most striking impressions gleaned were that the actual child-rearing practices among the mothers of their patients were not known to the doctors and nurses. Doctors and nurses had not even wondered or inquired about these practices. In response to some of our questions, most of them stopped to think and to exclaim that they had "never thought of that." As they readily admitted, their responses were either based on their experiences with their own children or, at times, were out-and-out guesses. They were, however, stimulated by the questions, and expressed marked interest in learning what we had found out about their patients.

These observations were of special interest, since the doctors and nurses interviewed are the very same ones who are advising these parents. It seems clear that the doctor-patient relationship and the advice offered might be more effective if clinic personnel could base their judgments upon some objective knowledge of parents' practices, instead of upon their own prejudices or autobiographical considerations.

It is planned to follow up this pilot study with a more extensive and more systematic investigation of the practices of parents, as they are reported and can be documented, and to compare them to the expectations of medical personnel.

## Summary and Conclusions

Maternal practices, with special emphasis on methods of punishment and attitudes toward child care, were surveyed by means of a short interview schedule administered to 100 mothers from three children's clinics. In general, the interview schedule used was found to be a practical and an effective instrument for eliciting information in our pilot study.

In using the interview schedule, the nurses were impressed by how quickly they were able to introduce subjects which mothers do not usually raise spontaneously and which nurses find difficult to approach. The mothers were pleased by the interest shown in their behalf.

There were several unexpected findings related to methods of punishment:

1. A large proportion of mothers perceived their infants as showing "temper" at a surprisingly young age, often at birth or a few weeks thereafter.
2. A large proportion of mothers used some form of physical punishment on very young infants.
3. Most mothers initiated "spanking" or other physical punishment at a younger age than they stated to be desirable in response to direct questioning.
4. Many mothers spanked their infants despite stating that they did not prefer spanking as a method of punishment.

A subsidiary survey concerning maternal practices and attitudes involving doctors and nurses revealed that the actual child-rearing practices among the mothers of their patients were frequently unknown to medical personnel.

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## APPENDIX 1

### Interview Schedule for Special Project

Clinic \_\_\_\_\_ Date \_\_\_\_\_

Age of Child \_\_\_\_\_

1. How are things these days with your child? 1. \_\_\_\_\_  
\_\_\_\_\_
2. What in particular do you wish to discuss with the doctor today? 2. \_\_\_\_\_  
\_\_\_\_\_
3. First let's talk a little about feeding the baby.
  - a. Is he on the breast or bottle? 3. (a) \_\_\_\_\_
  - If bottle:
    - b. How many bottles does he take by himself? And for how many are you able to hold him in your arms? (b) No. of bottles \_\_\_\_\_  
Able to hold \_\_\_\_\_
    - c. Are there any other times during the day when you have a chance to hold him? (c) \_\_\_\_\_
    - d. (If yes): When? (d) \_\_\_\_\_
    - e. Some babies like to be cuddled more than others. Is yours a cuddly child? (e) (Yes) \_\_\_\_\_  
(No) \_\_\_\_\_
4. What about sleep? (a) How often has he been waking up at night? 4. (a) \_\_\_\_\_  
 b. What do you usually do about it? (b) \_\_\_\_\_  
 If appropriate:
  - c. Did you hope by now he would be sleeping through? (c) (Yes) \_\_\_\_\_  
(No) \_\_\_\_\_
  - d. Does he do much crying in the day-time? (d) (Yes) \_\_\_\_\_  
(No) \_\_\_\_\_
  - If yes:
    - e. How long can you let him cry? (e) \_\_\_\_\_
    - f. How do you make him stop? (f) (spank) \_\_\_\_\_  
(pick up) \_\_\_\_\_  
(let him cry) \_\_\_\_\_



5. a. Has he started to show his temper yet? 5. (a) (Yes) \_\_\_\_\_  
(No) \_\_\_\_\_
- If yes:
- b. When did he start? (b) \_\_\_\_\_
- c. What do you do about it? (c) \_\_\_\_\_
6. a. How often does he have to be spanked? 6. (a) \_\_\_\_\_
- b. How hard does he have to be spanked before it really works? (b) \_\_\_\_\_
- c. Who does most of the spanking in your family? (c) \_\_\_\_\_
- (Appropriate statement by interviewer, discouraging spanking in young babies.)
- d. At what age do you think babies are ready to be punished to make them mind? (d) \_\_\_\_\_
- e. What, in your experience, is the best way of making babies mind? (e) \_\_\_\_\_
7. a. Do you get any help with the care of your child? 7. (a) \_\_\_\_\_
- b. What things is your husband able to do for him? (b) \_\_\_\_\_
8. What do you do when things get too much for you? 8. \_\_\_\_\_

## APPENDIX 2

### Special Study on Punishment

M.D. \_\_\_\_\_ P.H.N. \_\_\_\_\_ OTHER \_\_\_\_\_

1. What percentage of mothers whom you see do you think prop some or all bottles? \_\_\_\_\_
  2. What percentage of the mothers you see here do you think take time out during the course of the day just to hold their children other than at feeding time? \_\_\_\_\_
  3. About what age do you think most babies should sleep through the night? \_\_\_\_\_
  4. At what age do you think the mothers expect this? \_\_\_\_\_
  5. At what age do you think that most babies begin to show their tempers? \_\_\_\_\_
  6. At what age do you think most mothers expect this? \_\_\_\_\_
  7. How do you think most mothers whom you see handle a show of temper? \_\_\_\_\_
  8. What do you think is the preferred method of punishment in the patients' families that you see? \_\_\_\_\_
  9. About what percentage do you think spank their children? \_\_\_\_\_
  10. At what age do you think most mothers start to spank? \_\_\_\_\_
- DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_